



WASHINGTON STATE

Office of the Education Ombudsman

www.waparentslearn.org

Permission to Contact the School

The Education Ombudsman working with you will need to involve school officials in the process of resolving your concern and discuss relevant educational information. Your signature below gives permission to both the Ombudsman and school/district officials to share your name, the name of your student and other relevant information, some of which may be contained in your student's educational records, as they work towards a solution to your concerns.

Please sign and return this form to OEO by fax at: 206-729-3251 or by mail.

Today's date _____

I am the ☐ parent or ☐ legal guardian of the student listed below.

I am the ☐ student and my age is 18 years or older.

I hereby give the Office of the Education Ombudsman and school/district staff permission to discuss my situation and use my/my student's name and other relevant information which may be contained in educational records to help resolve my concerns/problems.

School District Name

School Name

Student Name

Student's Date of Birth

Parent/Legal Guardian, Name (Print)

Student (If 18 years or older), Name (Print)

Parent'/Legal guardian, Name (Signature)

Student Name (Print) (If 18 years or older),

Office of the Education Ombudsman

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